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File



department of water, air and waste management

March 13, 1984

Mr. Michael J. Bauer
Associate Counsel
Gulf & Western Manufacturing Company
26261 Evergreen Rd.
Southfield, MI 48037

RE: Eagle Signal, Davenport, Iowa IAD051001337 non major
Hazardous Waste Financial Requirements

Dear Mr. Bauer:

We have reviewed the financial assurance documents coverage for Eagle Signal Division in Davenport submitted to Mr. Robert Morby of EPA on January 31, 1984. The information submitted does not fulfill the financial requirements outlined in 141.5 and 141.6 of the Department's hazardous waste rules which adopts by reference 40 CFR Parts 264 and 265 respectively. The following comments outline the requirements that must be addressed.

1. Financial Assurance Mechanism for Closure (40 CFR 265.143).

You submitted financial documents using the financial test method described in 265.143(e) documenting compliance with this requirement. Rule 40 CFR 265.143 (d)(5) requires that updated information must be sent within 90 days after the close of each succeeding fiscal year. The information to be submitted is identical in 40 CFR 265.143(e)(3).

The information submitted was 6 months after the end of the fiscal year. Please note in the future if the updated information cannot be submitted within the 90 day limit, you must notify this Department and explain the reason for delay and when the information will be submitted.

2. Corporate Guarantee (40 CFR 265.143(f)(10) and 265.151(h)).

In paragraph 4, the following words are missing at the end of the sentence:

" , as applicable, in the name of [owner or operator] in the amount of the current closure or post-closure cost estimates as specified in Subpart H of 40 CFR Parts 264 and 265."

Please revise the corporate guarantee and submit to this Department by April 6, 1984.

AWPW072F01.01


R00307805
RCRA RECORDS CENTER

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Region VII K.C., MO

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3. Certificate of Liability Insurance. (40CFR 265.147(a))

The third sentence in paragraph 1 of Aetna Life & Casualty Company's certificate of insurance is missing the word "annual". The last of in the first sentence in paragraph 1 of Aetna Life & Casualty Company's certificate of insurance should be changed to an or. The certificate of insurance signed by Arthur M. Young is not acceptable. Therefore, the certificate of insurance using the 264.151(j) wording must be signed by authorized representative of Insurer. Please revise the certificate of liability and submit to this Department by April 6, 1984.

Please submit the certificate of insurance using the 264.151(j) wording for the First State Insurance Company to this Department by April 6, 1984.

4. Please submit copies of the Eagle Signal closure plan and the most recent closure cost estimates to this Department by April 6, 1984.

This Department is the responsible agency for reviewing all financial documents required under the hazardous waste program. Therefore, these documents should be submitted to this Department for review rather than to EPA. You may, if you wish, continue to copy EPA on the submittals. Also, when preparing the documents required in 264.151, please either substitute Executive Director for Regional Administrator and Iowa Department of Water, Air and Waste Management for U.S. Environmental Protection Agency or list both in the financial documents. This is required under subrule 900--141.(2).

If you have any questions on the information requested, please call me at 515/281-8964.

Sincerely,

PROGRAM OPERATIONS DIVISION

Barbara Cook

Mrs. Barbara Cook, P.E.
Air & Waste Permits Branch

BC:mla/AWPW072F01.02

cc: Mr. Donald Oresman, Gulf & Western Industries, Inc.
Region 6
✓ Lyndell Harrington, EPA Region VII

Hazardous Waste Compliance Monitoring and Enforcement LOG

HW-Eagle Industries
BC

1. EPA ID: <u>11AID10151101011313171</u> 2. HANDLER NAME: <u>EAGLE SIGNAL INDUSTRIES G</u> 3. ADDRESS: <u>DAVENPORT</u>	4. HANDLER TYPE: <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> NON-MAJOR
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5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT:	<u>2/13/84</u> M D Y
6. TYPE OF EVALUATION COVERED BY THIS REPORT:	<input type="checkbox"/> EVALUATION INSPECTION <input type="checkbox"/> SAMPLING INSPECTION <input checked="" type="checkbox"/> RECORD REVIEW <input type="checkbox"/> SPECIAL INSPECTION <input type="checkbox"/> FOLLOW-UP

7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5):	<u>3/13/84</u> M D Y
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8. AREA AND CLASS OF VIOLATION (enter number of violations by area and class):	Class of Violation	Area of Violation					
		GWM	CI/PC	Fin. Res.	Pt. B	Comp. Sched.	Other
	I						
	II						
	III		X	X			

9. ENFORCEMENT ACTIONS FOR CLASS I VIOLATIONS:									
Area of Violation	Type of Action Taken (circle one)					Compliance Dates (mdy)		Penalty	
						Scheduled	Actual	Assessed	Collected
CLOSURE- FIN -III	Informal	WL/NOV	AO	CivAc	CrimAc	3/13/84	4/6/84	4/17/84	
	Informal	WL/NOV	AO	CivAc	CrimAc	3/13/84	4/6/84	4/17/84	
	Informal	WL/NOV	AO	CivAc	CrimAc	_/_/_	_/_/_	_/_/_	
	Informal	WL/NOV	AO	CivAc	CrimAc	_/_/_	_/_/_	_/_/_	
	Informal	WL/NOV	AO	CivAc	CrimAc	_/_/_	_/_/_	_/_/_	
	Informal	WL/NOV	AO	CivAc	CrimAc	_/_/_	_/_/_	_/_/_	
	Informal	WL/NOV	AO	CivAc	CrimAc	_/_/_	_/_/_	_/_/_	

10. COMMENTS:	
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